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### Homeopathy treats people, not the soles of their feet

The article by Dr. Michel Labrecque and associates "Homeopathic treatment of plantar warts" (*Can Med Assoc J* 1992; 146: 1749-1753) and the editorial by Dr. Peter P. Morgan "Homeopathy — Will its theory ever hold water?" (*ibid*: 1719-1720) invite comment.

As Morgan astutely points out, this trial merely indicates that the three selected remedies were not effective against plantar warts. As the authors themselves state, "usually homeopathic principles dictate that therapy for the same condition must be adapted to each patient."

This trial seems to be akin to

performing some sort of vascular bypass operation, joining up the wrong ends because it is more convenient and then blandly proving statistically the ineffectiveness of the procedure. Am I seriously expected to accept this sort of thing as "original research"?

There are, of course, scientifically valid pieces of homeopathic research gradually emerging, but I would like to quote from the newsletter of the International Foundation for Homeopathy:

The practitioners at the Hahnemann Clinic, a homeopathic clinic in Berkeley, California with 4 medical doctors and 3 physician assistants maintain a family practice and see a large number of children suffering from strep throat and ear infections and many adults with pneumonia and bladder infections. . . . Jonathan Shore, M.D., a staff physician at the Hahnemann Clinic estimated that antibiotics may be prescribed as often as once a month. Approximately 600 patients are seen monthly.<sup>1</sup>

Morgan states in his editorial that "today, physicians would have no reason to collaborate with the few remaining North American homeopaths." I could not disagree more with this view. I consider it urgent that today's physicians find out all they can about this seemingly mysterious healing art from whomever they can.

There must be significant numbers of Canadian physicians as unhappy as I am with the current practice climate and trend in medicopoliticking. Is it not logical that if physicians were to concentrate on providing the best level of care that they can, the results would be no less effective than what can be achieved in the growing "them-versus-us" envi-

ronment? If practising physicians are not interested, then surely students of medicine will soon be demanding to be taught at least the rudiments of homeopathy, overstuffed as their curriculum is.

Homeopathy treats people, not the soles of their feet. That is precisely what growing numbers of patients are recognizing as they ask for humane and effective therapy, not palliation.

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### Reference

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The title of the article by Dr. Labrecque and associates is inaccurate. Homeopathic treatment consists of finding the one remedy, the *similimum*, that corresponds to the totality of symptoms — physical, emotional and mental — of the individual patient. Symptomatic use of a homeopathic remedy or combination of remedies for everyone with a specific pathological diagnosis is not the practice of homeopathy. The method of combining remedies or of using several remedies together in a "cookbook" approach may make homeopathy more accessible to the general practitioner but does not follow the original principles, as set down 200 years ago.

As Dr. Morgan correctly points out in his editorial, the study only showed that this particular homeopathic combination did not cure warts. In a clinical trial of the homeopathic treatment of warts an individualized homeopathic remedy would have to be prescribed for each patient

on the basis of an extensive interview lasting 1 to 1½ hours by a trained homeopathic physician. This would not test the efficacy of the individual remedies; rather, the method of homeopathic medicine as a therapy would be evaluated.

Since the homeopathic method takes into account all aspects of a person's life (e.g., food preferences, time pressures, temperament and sexual activity) an evaluation of the outcome of treatment must incorporate an assessment of the changes in these aspects. A person tends to become healthier in an orderly fashion — from more important problems or illnesses to those that are more superficial.

Warts are superficial and fairly innocuous problems. In homeopathic practice they are often one of the last problems to disappear. It is more common to see people's emotional state improve, their vitality increase and other deeper physical symptoms, such as headaches or heartburn, get better first. Therefore, a clinical trial of the constitutional treatment of warts would take a very long time, perhaps years, to come to a conclusion.

The individualized aspect of homeopathy as well as its treatment of the total person rather than of specific symptoms has made it a particularly difficult subject for clinical trials.<sup>1</sup> There have been some noteworthy efforts in this direction, and others are currently being developed.<sup>2-4</sup> Unfortunately, this study does little to validate or invalidate homeopathic theory.

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## References

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3. Fisher P, Greenwood A, Huskisson EC et al: Effect of homeopathic treatment on fibrositis (primary fibromyalgia). *BMJ* 1989; 299: 365-366
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*[Les Docteurs Labrecque et Drouin répondent:]*

Nous remercions les Docteurs Gerring et Jacobs de l'intérêt qu'ils portent à notre recherche.

Tel que mentionné dans notre article, par principe, un traitement homéopathique doit être personnalisé. Cependant, tout en respectant ce principe, la pratique homéopathique varie de par le monde selon l'école de pensée du thérapeute. Les «unicistes» préconisent l'utilisation d'un seul médicament pour chaque patient. Les «pluralistes» suggèrent plusieurs médicaments à prendre selon une séquence temporelle bien précise. Enfin, les «complexistes» prescrivent plusieurs médicaments en même temps. Il n'existe aucune évidence scientifique à l'effet qu'une approche soit supérieure à une autre.

Dans notre recherche, nous avons sélectionné les patients porteurs de verrues plantaires en excluant ceux qui avaient d'autres types de verrues. Les médicaments choisis respectent le «*similimum*» de la vaste majorité des sujets de l'étude. Le thuya est le traitement de fond du «terrain sycotique», «terrain» le plus fréquent chez les porteurs de verrues. Nitricum acidum et antimonium crudum sont préconisés respectivement pour les lésions verruqueuses jaunâtres et les lésions verruqueuses hyperkératosiques, aspect quasi universel des verrues plantaires.

Cette approche, reconnue internationalement,<sup>1</sup> a été approuvée par la direction de la

recherche de Boiron Homéopathie SA, une des plus importantes compagnies de produits homéopathiques en France.

Rappelons que notre étude ne visait pas à valider ou invalider l'homéopathie. Nous avons évalué l'efficacité d'une approche homéopathique fréquemment utilisée dans le monde pour le traitement des patients porteurs de verrues plantaires. C'est cette approche qui s'est avérée inefficace. Il est possible qu'un traitement «constitutionnel» de plusieurs années, tel que suggéré par Jacobs, puisse guérir les verrues. Mais serait-il vraiment utile? Sans traitement, 66 % des verrues disparaissent en 2 ans.<sup>2</sup>

*[Drs. Labrecque and Drouin reply:]*

We thank Drs. Gerring and Jacobs for their interest.

As we stated in the article, homeopathic treatment must be personalized. However, homeopathic practice varies throughout the world, depending on the therapist's school of thought. The "unicists" advocate the use of a single medication for each patient. The "pluralists" suggest several medications to be taken in a precise order. Finally, the "complexists" prescribe several medications at the same time. There is no scientific evidence to show that one approach is better than another.

In our research we selected patients with plantar warts and excluded those who had other types of warts. Thus, the medication chosen respected the *similimum* for most of the subjects studied. Thuya is the basic treatment for "sycotic field," which is the most frequent field found in people with warts. Nitricum acidum and antimonium crudum are recommended for yellowy wart-like lesions and hyperkeratotic wart-like lesions respectively; these features are almost universal in plantar warts.

This internationally recog-